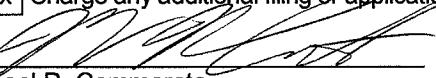


AMENDMENT TRANSMITTAL LETTER				Docket No. 1248-0819PUS1																																											
Application No. 10/553,345-Conf. #2094	Filing Date October 14, 2005	Examiner H. D. Nguyen		Art Unit 2617																																											
Applicant(s): Kenji SAKAMOTO																																															
A WIRELESS CONTROL SYSTEM, CONTROLLING DEVICE, CONTROLLED DEVICES, Invention: METHOD OF CONTROLLING DEVICES, CONTROL PROGRAM, AND STORAGE MEDIUM READABLE BY COMPUTER FOR STORING THE PROGRAM																																															
MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																																															
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="6" style="text-align: center; font-weight: bold;">CLAIMS AS AMENDED</th> </tr> <tr> <th></th> <th>Claims Remaining After Amendment</th> <th>Highest Number Previously Paid</th> <th>Number Extra Claims Present</th> <th>Rate</th> <th></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>19</td> <td>- 20 =</td> <td>0</td> <td>x 52.00</td> <td>0.00</td> </tr> <tr> <td>Independent Claims</td> <td>12</td> <td>- 12 =</td> <td>0</td> <td>x 220.00</td> <td>0.00</td> </tr> <tr> <td colspan="6" style="border-top: none;">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> </tr> <tr> <td colspan="6" style="border-top: none;">Other fee (please specify): _____</td> </tr> <tr> <td colspan="5" style="border-top: none; border-bottom: 1px solid black;">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td> <td style="border-top: none; border-bottom: 1px solid black;">0.00</td> </tr> </tbody> </table>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	19	- 20 =	0	x 52.00	0.00	Independent Claims	12	- 12 =	0	x 220.00	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify): _____						TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
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Other fee (please specify): _____																																															
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00																																										
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity																																															
<input type="checkbox"/> No additional fee is required for this amendment.																																															
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.																																															
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.																																															
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																																															
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.																																															
<input checked="" type="checkbox"/> Credit any overpayment.																																															
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.																																															
 Michael R. Cammarata Attorney Reg. No.: 39,491																																															
Dated: <u>August 17, 2009</u>																																															
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000																																															